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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 09/457,914			ing Date 10/1999	To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY				HER THAN ALL ENTITY	
	FOR	١	UMBER FI	.ED N	NUMBER EXTRA		RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)	
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A		N/A			N/A		
	SEARCH FEE (37 CFR 1.16(k), (i),	or (m))	N/A		N/A		N/A			N/A		
	EXAMINATION FE (37 CFR 1.16(o), (p),		N/A		N/A		N/A			N/A		
	FAL CLAIMS CFR 1.16(i))		minus 20 = *			l	x s =		OR	x \$ =		
	EPENDENT CLAIM CFR 1.16(h))	IS	m	inus 3 = *		1	x \$ =		1	x \$ =		
	APPLICATION SIZE (37 CFR 1.16(s))	FEE sheet is \$2 addi	If the specification and drawings ex sheets of paper, the application siz is \$250 (\$125 for small entity) for e additional 50 sheets or fraction the 35 U.S.C. 41(a)(1)(G) and 37 CFR									
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))									J			
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL		]	TOTAL		
APPLICATION AS AMENDED – PART II OTHER THAN (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY												
AMENDMENT	11/24/2008	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16(i))	* 37	Minus	·· 40	= 0		x \$ =		OR	X \$52=	0	
	Independent (37 CFR 1,16(h))	٠6	Minus	6	= 0	]	x \$ =		OR	X \$220=	0	
ME	Application Size Fee (37 CFR 1.16(s))											
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR			
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0	
(Column 1) (Column 2) (Column 3)												
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1,16())	*	Minus	**	=	]	x \$ =		OR	x s =		
M	Independent (37 CFR 1.16(h))	•	Minus	**	=	]	x \$ =		OR	x \$ =		
핇	Application Size Fee (37 CFR 1.16(s))								]			
ΑM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))						TOTAL		OR			
									OR	TOTAL ADD'L FEE		
** If	If the entry in column 1 is less than the entry in column 2, write 0" in column 3.  Legal Instrument Examiner:  "If the "Highest Number Previously Paid For IR THIS SPACE is less than 3, enter "20".  "If the "Highest Number Previously Paid For IR THIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For IR THIS SPACE is less than 3, enter "3".											

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